

## REPORT - HIPAA 834 to SSPS mapped fields only

| Loop                                      | SegID      | HIPAA Name                           | DT   | Req      | File | Field | DT | Comment   | CommentType      |
|---|------------|--------------------------------------|------|----------|------|-------|----|---|------------------|
| <b>Benefit Enrollment and Maintenance</b> |            |                                      |      |          |      |       |    |   |                  |
|   | <b>ST</b>  | <b>Transaction Set Header</b>        |      | <b>R</b> |      |       |    |   |                  |
|   | ST 01      | Transaction Set Identifier Code      | ID3  | R        |      |       |    | Hard code "834"   | Translation      |
|   | ST 02      | Transaction Set Control Number       | AN9  | R        |      |       |    | Generate unique ID for each ST-SE in a batch.                                       | Translation      |
|   | <b>BGN</b> | <b>Beginning Segment</b>             |      | <b>R</b> |      |       |    |   |                  |
|   | BGN01      | Transaction Set Purpose Code         | ID2  | R        |      |       |    | Hard code "00"  | Translation      |
|   | BGN02      | Transaction Set Identifier Code      | AN30 | R        |      |       |    | Verify this is a sequence number that begins with 1 and increments by 1.            | Translation      |
|   | BGN03      | Transaction Set Creation Date        | DT8  | R        |      |       |    | Generate current system date  | Translation      |
|   | BGN04      | Transaction Set Creation Time        | TM8  | R        |      |       |    | Generate current system time  | Translation      |
|   | BGN08      | Action Code                          | ID2  | R        |      |       |    | MMIS will use Full Enrollment Only (Code Value = 4). Will SSPS use the same policy? | System Questions |
|   | <b>REF</b> | <b>Transaction Set Policy Number</b> |      | <b>S</b> |      |       |    |   |                  |
|   | <b>DTP</b> | <b>File Effective Date</b>           |      | <b>S</b> |      |       |    |   |                  |
| <b>1000A</b>                              | <b>N 1</b> | <b>Sponsor Name</b>                  |      | <b>R</b> |      |       |    |   |                  |
| <b>1000A</b>                              | <b>N 1</b> | <b>Sponsor Name</b>                  |      | <b>R</b> |      |       |    |   |                  |

| <i>Loop</i>  | <i>SegID</i> | <i>HIPAA Name</i>                         | <i>DT</i> | <i>Req</i> | <i>File</i>                     | <i>Field</i>         | <i>DT</i>    | <i>Comment</i>                                       | <i>CommentType</i> |
|--------------|--------------|---|-----------|------------|---------------------------------|----------------------|--------------|--|--------------------|
| 1000A        | N 102        | Plan Sponsor Name                         | AN60      | S          | SSPS-<br>Enrollment-<br>RptUnit | Reporting_Unit_Title | char(24<br>) |  |                    |
| 1000A        | N 103        | Identification Code<br>Qualifier          | ID2       | R          |                                 |                      |              | "FI"-Federal tax ID                                  | Translation        |
| 1000A        | N 104        | Sponsor Identifier                        | AN80      | R          |                                 |                      |              | Federal Tax ID that identifies SSPS<br>sponsor       | HIPAA Required     |
| <b>1000B</b> | <b>N 1</b>   | <b>Payer</b>                              |           | <b>R</b>   |                                 |                      |              |  |                    |
| <b>1000B</b> | <b>N 1</b>   | <b>Payer</b>                              |           | <b>R</b>   |                                 |                      |              |  |                    |
| 1000B        | N 101        | Entity Identifier Code                    | ID3       | R          |                                 |                      |              | Hard code "IN"-insurer                               | Translation        |
| 1000B        | N 103        | Identification Code<br>Qualifier          | ID2       | R          |                                 |                      |              | "FI"-Federal tax ID or "XV"-National<br>Plan ID      | Translation        |
| 1000B        | N 104        | Insurer Identification Code               | AN80      | R          |                                 |                      |              | Tax ID or Plan ID of "payer".                        | HIPAA Required     |
| <b>1000C</b> | <b>N 1</b>   | <b>TPA/Broker Name</b>                    |           | <b>S</b>   |                                 |                      |              |  |                    |
| <b>1000C</b> | <b>N 1</b>   | <b>TPA/Broker Name</b>                    |           | <b>S</b>   |                                 |                      |              |  |                    |
| <b>1100C</b> | <b>ACT</b>   | <b>TPA/Broker Account<br/>Information</b> |           | <b>S</b>   |                                 |                      |              |  |                    |
| <b>1100C</b> | <b>ACT</b>   | <b>TPA/Broker Account<br/>Information</b> |           | <b>S</b>   |                                 |                      |              |  |                    |
| <b>2000</b>  | <b>INS</b>   | <b>Member Level Detail</b>                |           | <b>R</b>   |                                 |                      |              |  |                    |
| <b>2000</b>  | <b>INS</b>   | <b>Member Level Detail</b>                |           | <b>R</b>   |                                 |                      |              |  |                    |
| 2000         | INS01        | Insured Indicator                         | ID1       | R          |                                 |                      |              | Will always be "Y" if subscriber is<br>patient.      | Translation        |
| 2000         | INS02        | Individual Relationship<br>Code           | ID2       | R          |                                 |                      |              | Hard code "18"-insured is subscriber                 | Translation        |
| 2000         | INS03        | Maintenance Type Code                     | ID3       | R          |                                 |                      |              | Hard code "030"-Audit or Compare,<br>for full roster | Translation        |
| 2000         | INS04        | Maintenance Reason<br>Code                | ID3       | S          |                                 |                      |              | Hard code "XN"-Notification only                     | Translation        |

| <i>Loop</i> | <i>SegID</i> | <i>HIPAA Name</i>                   | <i>DT</i> | <i>Req</i> | <i>File</i>              | <i>Field</i>         | <i>DT</i> | <i>Comment</i>  | <i>CommentType</i> |
|-------------|--------------|-------------------------------------|-----------|------------|--------------------------|----------------------|-----------|---|--------------------|
| 2000        | INS05        | Benefit Status Code                 | ID1       | R          |                          |                      |           | Hard code "A"-Active  | Translation        |
| 2000        | INS08        | Employment Status Code              | ID2       | S          |                          |                      |           | Hard code "FT"-full time recipient  | Translation        |
| 2000        | INS10        | Handicap Indicator                  | ID1       | S          |                          |                      |           | Where is this captured in SSPS?   | System Questions   |
| 2000        | INS12        | Insured Individual Death Date       | AN35      | S          |                          |                      |           | How are deaths managed in SSPS?   | System Questions   |
| <b>2000</b> | <b>REF</b>   | <b>Subscriber Number</b>            |           | <b>R</b>   |                          |                      |           |   |                    |
| 2000        | REF01        | Reference Identification Qualifier  | ID3       | R          |                          |                      |           | Hard code "0F"-subscriber number  | Translation        |
| 2000        | REF02        | Subscriber Identifier               | AN30      | R          | SSPS-Enrollment-AuthMain | Authorization_number | char(7)   |   |                    |
| 2000        | REF02        | Subscriber Identifier               | AN30      | R          | SSPS-Enrollment-AuthMain | Authorization_Suffix | char(2)   |   |                    |
| <b>2000</b> | <b>REF</b>   | <b>Member Policy Number</b>         |           | <b>S</b>   |                          |                      |           |   |                    |
| <b>2000</b> | <b>REF</b>   | <b>Member Identification Number</b> |           | <b>S</b>   |                          |                      |           |   |                    |
| 2000        | REF01        | Reference Identification Qualifier  | ID3       | R          |                          |                      |           | Use "F6" with HIC, use "3H" with case number, use "DX" with CSO number, "23" with client's PIC. | Translation        |
| 2000        | REF02        | Subscriber Supplemental Identifier  | AN30      | R          |                          |                      |           | Does SSPS store any of these IDs?   | System Questions   |
| <b>2000</b> | <b>REF</b>   | <b>Prior Coverage Months</b>        |           | <b>S</b>   |                          |                      |           |   |                    |
| 2000        | REF02        | Prior Coverage Month Count          | AN30      | R          |                          |                      |           | Must maintain number of prior months covered, for Certificate of Creditable Coverage            | HIPAA Required     |
| <b>2000</b> | <b>DTP</b>   | <b>Member Level Dates</b>           |           | <b>S</b>   |                          |                      |           |   |                    |
| 2000        | DTP01        | Date Time Qualifier                 | ID3       | R          |                          |                      |           | Send "473" with recip-elig-beg-date; send "474" with recip-elig-end-date                        | Translation        |

| <i>Loop</i>  | <i>SegID</i> | <i>HIPAA Name</i>                             | <i>DT</i> | <i>Req</i> | <i>File</i>              | <i>Field</i>           | <i>DT</i>    | <i>Comment</i>                 | <i>CommentType</i> |
|--------------|--------------|---|-----------|------------|--------------------------|------------------------|--------------|--------------------------------|--------------------|
| 2000         | DTP03        | Status Information Effective Date             | AN35      | R          | SSPS-Enrollment-AuthMain | Authortization_Date    | datetim<br>e |                                |                    |
| <b>2100A</b> | <b>NM1</b>   | <b>Member Name</b>                            |           | <b>R</b>   |                          |                        |              |                                |                    |
| <b>2100A</b> | <b>NM1</b>   | <b>Member Name</b>                            |           | <b>R</b>   |                          |                        |              |                                |                    |
| 2100A        | NM101        | Entity Identifier Code                        | ID3       | R          |                          |                        |              | Hard code "IL"-insured         | Translation        |
| 2100A        | NM102        | Entity Type Qualifier                         | ID1       | R          |                          |                        |              | "1"-person                     | Translation        |
| 2100A        | NM103        | Subscriber Last Name                          | AN35      | R          | SSPS-Enrollment-AuthMain | P_R_Name               | char(6)      |                                |                    |
| 2100A        | NM104        | Subscriber First Name                         | AN25      | R          | SSPS-Enrollment-AuthMain | P_R_Name               | char(6)      |                                |                    |
| 2100A        | NM105        | Subscriber Middle Name                        | AN25      | S          | SSPS-Enrollment-AuthMain | P_R_Name               | char(6)      |                                |                    |
| 2100A        | NM108        | Identification Code Qualifier                 | ID2       | S          |                          |                        |              | Hard code "34", until NII used | Translation        |
| 2100A        | NM109        | Subscriber Identifier                         | AN80      | S          | SSPS-Enrollment-AuthMain | Social_Security_Number | char(9)      |                                |                    |
| <b>2100A</b> | <b>PER</b>   | <b>Member Communications Numbers</b>          |           | <b>S</b>   |                          |                        |              |                                |                    |
| <b>2100A</b> | <b>N 3</b>   | <b>Member Residence Street Address</b>        |           | <b>S</b>   |                          |                        |              |                                |                    |
| <b>2100A</b> | <b>N 4</b>   | <b>Member Residence City, State, ZIP Code</b> |           | <b>S</b>   |                          |                        |              |                                |                    |
| <b>2100A</b> | <b>DMG</b>   | <b>Member Demographics</b>                    |           | <b>S</b>   |                          |                        |              |                                |                    |

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|--------------|--------------|--------------------------------------|-----------|------------|----------------------------------|----------------|--------------|--|--------------------|
| 2100A        | DMG02        | Member Birth Date                    | AN35      | R          | SSPS-<br>Enrollment-<br>AuthMain | P_R_birth_date | datetim<br>e |  |                    |
| 2100A        | DMG03        | Gender Code                          | ID1       | R          |                                  |                |              | If DOB is sent, gender must be sent also. Which field?   | System Questions   |
| <b>2100A</b> | <b>ICM</b>   | <b>Member Income</b>                 |           | <b>S</b>   |                                  |                |              |  |                    |
| <b>2100A</b> | <b>AMT</b>   | <b>Member Policy Amounts</b>         |           | <b>S</b>   |                                  |                |              |  |                    |
| <b>2100A</b> | <b>HLH</b>   | <b>Member Health Information</b>     |           | <b>S</b>   |                                  |                |              |  |                    |
| 2100A        | HLH01        | Health Related Code                  | ID1       | S          |                                  |                |              | Required if avail: "S"-substance abuse, "T"-tobacco use. | Translation        |
| 2100A        | HLH02        | Member Height                        | R8        | S          |                                  |                |              | Required if available                                    | Translation        |
| 2100A        | HLH03        | Member Weight                        | R10       | S          |                                  |                |              | Required if available                                    | Translation        |
| <b>2100A</b> | <b>LUI</b>   | <b>Member Language</b>               |           | <b>S</b>   |                                  |                |              |  |                    |
| <b>2100B</b> | <b>NM1</b>   | <b>Incorrect Member Name</b>         |           | <b>S</b>   |                                  |                |              |  |                    |
| <b>2100B</b> | <b>NM1</b>   | <b>Incorrect Member Name</b>         |           | <b>S</b>   |                                  |                |              |  |                    |
| <b>2100B</b> | <b>DMG</b>   | <b>Incorrect Member Demographics</b> |           | <b>S</b>   |                                  |                |              | Required if DOB or gender change.                        | Translation        |
| <b>2100C</b> | <b>NM1</b>   | <b>Member Mailing Address</b>        |           | <b>S</b>   |                                  |                |              |  |                    |
| <b>2100C</b> | <b>NM1</b>   | <b>Member Mailing Address</b>        |           | <b>S</b>   |                                  |                |              |  |                    |
| <b>2100C</b> | <b>N 3</b>   | <b>Member Mail Street Address</b>    |           | <b>S</b>   |                                  |                |              |  |                    |
| <b>2100C</b> | <b>N 4</b>   | <b>Member Mail City, State, Zip</b>  |           | <b>S</b>   |                                  |                |              |  |                    |
| <b>2100D</b> | <b>NM1</b>   | <b>Member Employer</b>               |           | <b>S</b>   |                                  |                |              |  |                    |
| <b>2100D</b> | <b>NM1</b>   | <b>Member Employer</b>               |           | <b>S</b>   |                                  |                |              |  |                    |

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|-------------|--------------|---|-----------|------------|-------------|--------------|-----------|--|--------------------|
| 2100D       | PER          | Member Employer Communications Numbers  |           | S          |             |              |           |  |                    |
| 2100D       | N 3          | Member Employer Street Address          |           | S          |             |              |           |  |                    |
| 2100D       | N 4          | Member Employer City, State, Zip        |           | S          |             |              |           |  |                    |
| 2100E       | NM1          | Member School                           |           | S          |             |              |           |  |                    |
| 2100E       | NM1          | Member School                           |           | S          |             |              |           |  |                    |
| 2100E       | PER          | Member School Communications Numbers    |           | S          |             |              |           |  |                    |
| 2100E       | N 3          | Member School Street Address            |           | S          |             |              |           |  |                    |
| 2100E       | N 4          | Member School City, State, Zip          |           | S          |             |              |           |  |                    |
| 2100F       | NM1          | Custodial Parent                        |           | S          |             |              |           | Does SSPS have HOH-head of household info? | System Questions   |
| 2100F       | NM1          | Custodial Parent                        |           | S          |             |              |           |  |                    |
| 2100F       | PER          | Custodial Parent Communications Numbers |           | S          |             |              |           |  |                    |
| 2100F       | N 3          | Custodial Parent Street Address         |           | S          |             |              |           |  |                    |
| 2100F       | N 4          | Custodial Parent City, State, Zip       |           | S          |             |              |           |  |                    |
| 2100G       | NM1          | Responsible Person                      |           | S          |             |              |           |  |                    |
| 2100G       | NM1          | Responsible Person                      |           | S          |             |              |           |  |                    |

| <i>Loop</i> | <i>SegID</i> | <i>HIPAA Name</i>                         | <i>DT</i> | <i>Req</i> | <i>File</i>             | <i>Field</i>       | <i>DT</i> | <i>Comment</i>  | <i>CommentType</i> |
|-------------|--------------|---|-----------|------------|-------------------------|--------------------|-----------|---|--------------------|
| 2100G       | PER          | Responsible Person Communications Numbers |           | S          |                         |                    |           |   |                    |
| 2100G       | N 3          | Responsible Person Street Address         |           | S          |                         |                    |           |   |                    |
| 2100G       | N 4          | Responsible Person City, State, Zip       |           | S          |                         |                    |           |   |                    |
| 2200        | DSB          | Disability Information                    |           | S          |                         |                    |           |   |                    |
| 2200        | DSB          | Disability Information                    |           | S          |                         |                    |           |   |                    |
| 2200        | DTP          | Disability Eligibility Dates              |           | S          |                         |                    |           |   |                    |
| 2300        | HD           | Health Coverage                           |           | S          |                         |                    |           |   |                    |
| 2300        | HD           | Health Coverage                           |           | S          |                         |                    |           |   |                    |
| 2300        | HD 01        | Maintenance Type Code                     | ID3       | R          |                         |                    |           | Hard code "030"-audit or compare  | Translation        |
| 2300        | HD 03        | Insurance Line Code                       | ID3       | R          |                         |                    |           | Need to select pertinent coverage type codes from HIPAA standard codes, p. 129. | HIPAA Required     |
| 2300        | DTP          | Health Coverage Dates                     |           | R          |                         |                    |           |   |                    |
| 2300        | DTP01        | Date Time Qualifier                       | ID3       | R          |                         |                    |           | Send "473" with recip-elig-beg-date; send "474" with recip-elig-end-date        | Translation        |
| 2300        | DTP03        | Coverage Period                           | AN35      | R          | SSPS-Enrollment-AuthSvc | Service_Begin_Date | datetime  |   |                    |
| 2300        | DTP03        | Coverage Period                           | AN35      | R          | SSPS-Enrollment-AuthSvc | Service_EndDate    | datetime  |   |                    |
| 2300        | AMT          | Health Coverage Policy                    |           | S          |                         |                    |           |   |                    |
| 2300        | REF          | Health Coverage Policy Number             |           | S          |                         |                    |           |   |                    |

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|-------------|--------------|---------------------------------------|-----------|------------|--------------------------|-----------------|-----------|---|--------------------|
| <b>2300</b> | <b>IDC</b>   | <b>Identification Card</b>            |           | <b>S</b>   |                          |                 |           |   |                    |
| <b>2310</b> | <b>LX</b>    | <b>Provider Information</b>           |           | <b>S</b>   |                          |                 |           | This provider loop is only used for the client's primary health care providers. Do not use this loop for social service providers; send provider detail in 278. | Translation        |
| <b>2310</b> | <b>LX</b>    | <b>Provider Information</b>           |           | <b>S</b>   |                          |                 |           |   |                    |
| 2310        | LX 01        | Assigned Number                       | N06       | R          |                          |                 |           | Generate a sequential number "1", "2", etc. for one or more providers assigned to this client.  | Translation        |
| <b>2310</b> | <b>NM1</b>   | <b>Provider Name</b>                  |           | <b>R</b>   |                          |                 |           |   |                    |
| 2310        | NM103        | Provider Last or Organization Name    | AN35      | S          | SSPS-Enrollment-ProvMain | Vendor_Name     | char(25)  |   |                    |
| 2310        | NM104        | Provider First Name                   | AN25      | S          | SSPS-Enrollment-ProvMain | Vendor_Name     | char(25)  |   |                    |
| 2310        | NM105        | Provider Middle Name                  | AN25      | S          | SSPS-Enrollment-ProvMain | Vendor_Name     | char(25)  |   |                    |
| 2310        | NM109        | Provider Identifier                   | AN80      | S          | SSPS-Enrollment-ProvMain | Provider_Number | char(6)   |   |                    |
| <b>2310</b> | <b>N 4</b>   | <b>Provider City, State, ZIP Code</b> |           | <b>S</b>   |                          |                 |           |   |                    |
| 2310        | N 402        | Member State Code                     | ID2       | R          | SSPS-Enrollment-ProvMain | Vendor_State    | char(2)   |   |                    |
| 2310        | N 403        | Member Postal Zone or Zip Code        | ID15      | R          | SSPS-Enrollment-ProvMain | Vendor_Zip      | char(5)   |   |                    |



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|-------------|--------------|---|-----------|------------|--------------------------|--------------------------|-----------|------------------------------|--------------------|
| 2310        | PER          | Provider Communications Numbers                 |           | S          |                          |                          |           |                              |                    |
| 2310        | PER01        | Contact Function Code                           | ID2       | R          |                          |                          |           | Will Always be "IC"          | Translation        |
| 2310        | PER04        | Communication Number                            | AN80      | R          | SSPS-Enrollment-ProvMain | Provider_Phone_Area_Code | char(3)   |                              |                    |
| 2310        | PER04        | Communication Number                            | AN80      | R          | SSPS-Enrollment-ProvMain | Provider_Phone_Number    | char(7)   |                              |                    |
| 2310        | PLA          | PCP Change Reason                               |           | S          |                          |                          |           |                              |                    |
| 2320        | COB          | Coordination of Benefits                        |           | S          |                          |                          |           |                              |                    |
| 2320        | COB          | Coordination of Benefits                        |           | S          |                          |                          |           |                              |                    |
| 2320        | REF          | Additional Coordination of Benefits Identifiers |           | S          |                          |                          |           |                              |                    |
| 2320        | N 1          | Other Insurance Company Name                    |           | S          |                          |                          |           |                              |                    |
| 2320        | DTP          | Coordination of Benefits Eligibility Dates      |           | S          |                          |                          |           |                              |                    |
| 2320        | SE           | Transaction Set Trailer                         |           | R          |                          |                          |           |                              |                    |
| 2320        | SE 02        | Transaction Set Control Number                  | AN9       | R          |                          |                          |           | Important for error checking | Translation        |

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|-------------|--------------|-------------------|-----------|------------|-------------|--------------|-----------|----------------|--------------------|
|-------------|--------------|-------------------|-----------|------------|-------------|--------------|-----------|----------------|--------------------|

### Comment Type Legend:

Case Management = "Nice to Have" fields for case reviewers.

Electronic COB = If we do electronic COB, these fields will be needed.

HIPAA Questions = Questions about interpreting the HIPAA Implementation Guides.

HIPAA Required = Required fields in HIPAA that don't seem to be in the legacy system.

Map Codes = Need to crosswalk local codes to standard codes.

Match Back = Fields received on an incoming transaction that must be returned in the response.

Nice to Have = Optional fields that are useful for other reasons.

Policy Issues = Decisions to be made by system experts.

Processing Logic = Logic that needs to be built into either the front end or MMIS.

System Questions = Questions about the legacy systems.

Translation = Only use to program translations.

### Column Heading Legend:

"DT" = Data Type

### COBOL Data Types Legend:

X(n) - Character data with length of n bytes

9(n) - Integer data with length of n bytes

S9(n) - Signed integer data with length of n bytes

9(n)V99 or 9(n)V9(2) - Numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

S9(n)V99 or S9(n)V9(2) - Signed numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

### HIPAA Data Types Legend:

ANn - Free text with length of n bytes

IDn - Coded value with length of n bytes

Nn - Numeric data with length of n bytes

Rn - Real data with length of n bytes

DT8 - Date expressed as CCYYMMDD

TM8 - Time expressed as HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds ((00-99)